

**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** INNCARE OF MINOCQUA WEST (611028)

**Address:** 8424 GRANT ROAD, MINOCQUA, WI 54548

**License Status:** REGULAR

**Licensed/Certified/Registered** 11/05/1998

**Regional Office:** NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History**

**Survey ID:** 0097378      **End Date:** 05/08/2006      **Type:** OTHER      **Purpose:** COMPLAINT

**Results:** STATEMENT OF DEFICIENCY ISSUED

**Statement of Deficiency:** #10009565    Served 07/20/2006

Deficiencies Cited  
83.33(3)(i)1

Subject Area  
RECORDS

Compliance  
Verified

Corrected

**Survey ID:** 0096995      **End Date:** 03/27/2006      **Type:** STANDARD      **Purpose:** SURVEY/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009537    Served 05/24/2006

Deficiencies Cited  
83.21(4)(o)  
83.32(2)(a)  
83.33(2)(c)  
83.33(3)(f)2  
83.43(3)(b)1

Subject Area  
MEDICATIONS  
INDIVIDUALIZED SERVICE PLAN-SCOPE  
LEISURE TIME ACTIVITIES  
REASSESSED QUARTERLY FOR MEDICATION  
TESTING BY SERVICE COMPANY

Compliance  
Verified

Corrected

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**Provider Inspection Summary**

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CLASS CNA (NONAMBULATORY)

**Survey ID:** 0092372      **End Date:** 03/11/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009253    Served 04/19/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(4)(f)	NO COMBUSTIBLE MATERIALS	03/27/2006	Yes
83.42(12)	MAINTENANCE OF EXITS	03/27/2006	Yes
83.42(3)(a)	EMERGENCY PLAN	03/27/2006	Yes

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For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Enforcement History**

**Date: 05/22/2006      SOD #10009537      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.21(4)(o)

FORFEITURE---83.32(2)(a)

FORFEITURE---83.33(2)(c)

**Date: 04/16/2004      SOD #10009253      Appealed: No**

Sanctions

FORFEITURE---83.41(4)(f)

FORFEITURE---83.42(12)

FORFEITURE---83.42(3)(a)

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**Provider Inspection Summary**

For the period 06/01/2003 to 05/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Complaint History**

**Date Complaint Received: 03/06/2006**

**Date Investigation Completed: 05/08/2006**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
ABUSE	NOT SUBSTANTIATED	
HOMELIKE ENVIRONMENT & CLEANLINESS	NOT SUBSTANTIATED	
NUTRITION & FOOD SERVICES	NOT SUBSTANTIATED	
MEDICATIONS	SUBSTANTIATED	10009565
ADMINISTRATION	NOT SUBSTANTIATED	
PROGRAM SERVICES	SUBSTANTIATED	10009565

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